

# **Dunlop Floor Repairer Rapid Patch**

Ardex (Ardex Australia)

Chemwatch: **40-9733** Version No: **3.1.1.1** 

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **12/01/2017** Print Date: **13/01/2017** S.GHS.AUS.EN

# SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

### **Product Identifier**

Product name	Dunlop Floor Repairer Rapid Patch
Synonyms	Not Available
Other means of identification	Not Available

### Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses Rapid drying repair mortar for internal use.

### Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)	Ardex (Ardex NZ)
Address 20 Powers Road Seven Hills NSW 2147 Australia 32 Lane Street Woolston Christchurch New Zealand		32 Lane Street Woolston Christchurch New Zealand
Telephone	1800 224 070	+64 3384 3029
Fax	+61 2 9838 7817	+64 3384 9779
Website	Not Available	Not Available
Email	Not Available	Not Available

# Emergency telephone number

Association /	Organisation	Not Available	Not Available
Emergen	cy telephone numbers	1800 222 841	1800 222 841 (General information)
Other emergen	cy telephone numbers	Not Available	Not Available

# **SECTION 2 HAZARDS IDENTIFICATION**

# Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

# CHEMWATCH HAZARD RATINGS

	Min	Max	
Flammability	0		
Toxicity	0		0 = Minimum
Body Contact	3		1 = Low 2 = Moderate
Reactivity	0		3 = High
Chronic	2		4 = Extreme

Poisons Schedule	Not Applicable	
Classification <sup>[1]</sup>	Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from EC Directive 1272/2008 - Annex VI	

### Label elements

GHS label elements





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SIGNAL WORD	DANGER
Hazard statement(s)	
H315	Causes skin irritation.
H318	Causes serious eye damage.
H317	May cause an allergic skin reaction.
H335	May cause respiratory irritation.
Precautionary statement(s)	) Prevention
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing dust/fumes.
P272	Contaminated work clothing should not be allowed out of the workplace.
Precautionary statement(s)	) Response
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
Precautionary statement(s)	) Storage
P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.
Precautionary statement(s)	) Disposal
P501	Dispose of contents/container in accordance with local regulations.

# **SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**

# Substances

See section below for composition of Mixtures

### Mixtures

CAS No	%[weight]	Name
14808-60-7.	30-60	graded sand
65997-16-2	10-30	calcium aluminate cement
65997-15-1	<10	portland cement
471-34-1	<10	<u>calcium carbonate</u>

## **SECTION 4 FIRST AID MEASURES**

# Description of first aid measures

Eye Contact	If this product comes in contact with the eyes:  Immediately hold eyelids apart and flush the eye continuously with running water.  Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.  Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.  Transport to hospital or doctor without delay.  Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs:  ► Immediately remove all contaminated clothing, including footwear.  ► Flush skin and hair with running water (and soap if available).  ► Seek medical attention in event of irritation.
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area.</li> <li>Lay patient down. Keep warm and rested.</li> <li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR necessary.</li> <li>Transport to hospital, or doctor, without delay.</li> </ul>
Ingestion	<ul> <li>If swallowed do NOT induce vomiting.</li> <li>If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>Observe the patient carefully.</li> <li>Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>Seek medical advice.</li> </ul>

# Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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For acute or short term repeated exposures to iron and its derivatives:

- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- For Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater that 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.
- Activated charcoal does not effectively bind iron.
- ► Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- Peferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]

### **SECTION 5 FIREFIGHTING MEASURES**

### **Extinguishing media**

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- ▶ There is no restriction on the type of extinguisher which may be used.
- Use extinguishing media suitable for surrounding area.

### Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
Advice for firefighters	
Fire Fighting	<ul> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>Prevent, by any means available, spillage from entering drains or water courses.</li> <li>Use fire fighting procedures suitable for surrounding area.</li> </ul>
Fire/Explosion Hazard	Under certain conditions the material may become combustible because of the ease of ignition which occurs after the material reaches a high specific area ratio (thin sections, fine particles, or molten states). However, the same material in massive solid form is comparatively difficult to ignite. Nearly all metals will burn in air under certain conditions. Some are oxidised rapidly in the presence of air or moisture, generating sufficient heat to reach their ignition temperatures.  Decomposition may produce toxic fumes of:  metal oxides  When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles.  May emit poisonous fumes.  May emit corrosive fumes.
HAZCHEM	Not Applicable

### **SECTION 6 ACCIDENTAL RELEASE MEASURES**

## Personal precautions, protective equipment and emergency procedures

See section 8

# **Environmental precautions**

See section 12

## Methods and material for containment and cleaning up

Minor Spills	<ul> <li>Clean up all spills immediately.</li> <li>Avoid breathing dust and contact with skin and eyes.</li> <li>Wear protective clothing, gloves, safety glasses and dust respirator.</li> <li>Use dry clean up procedures and avoid generating dust.</li> </ul>
Major Spills	Moderate hazard.  • CAUTION: Advise personnel in area.  • Alert Emergency Services and tell them location and nature of hazard.  • Control personal contact by wearing protective clothing.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

### **SECTION 7 HANDLING AND STORAGE**

## Precautions for safe handling

Safe handling	<ul> <li>Avoid all personal contact, including inhalation.</li> <li>Wear protective clothing when risk of exposure occurs.</li> <li>Use in a well-ventilated area.</li> <li>Prevent concentration in hollows and sumps.</li> </ul>
Other information	<ul> <li>Keep dry.</li> <li>Store under cover.</li> <li>Store in a well ventilated area.</li> <li>Store away from sources of heat or ignition.</li> </ul>

### Conditions for safe storage, including any incompatibilities

Suitable container	<ul> <li>Polyethylene or polypropylene container.</li> <li>Check all containers are clearly labelled and free from leaks.</li> </ul>
Storage incompatibility	<ul> <li>Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>Avoid contact with copper, aluminium and their alloys.</li> </ul>

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### **SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**

### **Control parameters**

### OCCUPATIONAL EXPOSURE LIMITS (OEL)

### INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	graded sand	Silica - Crystalline: Quartz (respirable dust) / Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	portland cement	Portland cement	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	Not Available

### **EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
graded sand	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3
calcium carbonate	Limestone; (Calcium carbonate; Dolomite)	45 mg/m3	500 mg/m3	3,000 mg/m3
calcium carbonate	Carbonic acid, calcium salt	45 mg/m3	210 mg/m3	1,300 mg/m3

Ingredient	Original IDLH	Revised IDLH
graded sand	N.E. mg/m3 / N.E. ppm	50 mg/m3
calcium aluminate cement	Not Available	Not Available
portland cement	N.E. mg/m3 / N.E. ppm	5,000 mg/m3
calcium carbonate	Not Available	Not Available

### **Exposure controls**

# Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment

# Personal protection











# Eye and face protection

- ► Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.

# Skin protection

### See Hand protection below

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final

Hands/feet protection

choice.

Personal hygiene is a key element of effective hand care.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- ▶ polychloroprene.
- nitrile rubber.
- ▶ butyl rubber.

# Body protection

See Other protection below

Other protection

- Overalls.P.V.C. apron.
- ▶ Barrier cream.

Thermal hazards

Not Available

# Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:000 & 149:001, ANSI Z88 or national equivalent)

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	-	PAPR-P1
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

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\* - Negative pressure demand \*\* - Continuous flow

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

## **SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES**

### Information on basic physical and chemical properties

Appearance	Dark grey powder; insoluble in water.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Applicable
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available

# **SECTION 10 STABILITY AND REACTIVITY**

Reactivity	See section 7
Chemical stability	<ul> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

### **SECTION 11 TOXICOLOGICAL INFORMATION**

# Information on toxicological effects

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.  Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage.  Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.  If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence.
Skin Contact	This material can cause inflammation of the skin on contact in some persons.  The material may accentuate any pre-existing dermatitis condition  Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation.  Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds.

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Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances. Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. Eve If applied to the eyes, this material causes severe eye damage There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm. Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO3). Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement Chronic dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis Pure calcium carbonate does not cause the disease pneumoconiosis probably due to its rapid elimination from the body. However, its unsterilised particulates can infect the lung and airway to cause inflammation. Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections Repeated exposures, in an occupational setting, to high levels of fine-divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk. TOXICITY IRRITATION **Dunlop Floor Repairer** Rapid Patch Not Available Not Available TOXICITY IRRITATION graded sand Not Available Not Available TOXICITY IRRITATION calcium aluminate cement Not Available Not Available TOXICITY IRRITATION portland cement Not Available Not Available TOXICITY IRRITATION dermal (rat) LD50: >2000 mg/kg<sup>[1]</sup> calcium carbonate Eye (rabbit): 0.75 mg/24h - SEVERE Oral (rat) LD50: >2000 mg/kg<sup>[1]</sup> Skin (rabbit): 500 mg/24h-moderate 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.\* Value obtained from manufacturer's SDS. Unless otherwise specified data Legend: extracted from RTECS - Register of Toxic Effect of chemical Substances **CALCIUM ALUMINATE** No data of toxicological significance identified in literature search. CEMENT The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves PORTLAND CEMENT a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce coniunctivitis **CALCIUM CARBONATE** The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects **GRADED SAND &** No significant acute toxicological data identified in literature search. PORTLAND CEMENT Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as **CALCIUM ALUMINATE** reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis **CEMENT & PORTLAND** of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes **CEMENT & CALCIUM** to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity CARBONATE on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. **Acute Toxicity** Carcinogenicity 0 Skin Irritation/Corrosion 0 Reproductivity

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Serious Eye Damage/Irritation	<b>~</b>	STOT - Single Exposure	<b>✓</b>
Respiratory or Skin sensitisation	<b>✓</b>	STOT - Repeated Exposure	0
Mutagenicity	0	Aspiration Hazard	0
			Data available but does not fill the criteria for classification     Data required to make classification available

O - Data Not Available to make classification

# **SECTION 12 ECOLOGICAL INFORMATION**

## Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
calcium aluminate cement	LC50	96	Fish	>100mg/L	2
calcium aluminate cement	EC50	48	Crustacea	5.4mg/L	2
calcium aluminate cement	EC50	72	Algae or other aquatic plants	3.6mg/L	2
calcium aluminate cement	EC50	24	Crustacea	6.4mg/L	2
calcium aluminate cement	NOEC	72	Algae or other aquatic plants	2.6mg/L	2
calcium carbonate	LC50	96	Fish	>56000mg/L	4
calcium carbonate	EC50	72	Algae or other aquatic plants	>14mg/L	2
calcium carbonate	NOEC	72	Algae or other aquatic plants	14mg/L	2
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

DO NOT discharge into sewer or waterways.

### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

## Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

# Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

## **SECTION 13 DISPOSAL CONSIDERATIONS**

# Waste treatment methods

Product / Packaging disposal

- ▶ Recycle wherever possible or consult manufacturer for recycling options.
- ▶ Consult State Land Waste Management Authority for disposal.
- ▶ Bury residue in an authorised landfill.
- ▶ Recycle containers if possible, or dispose of in an authorised landfill.

## **SECTION 14 TRANSPORT INFORMATION**

# **Labels Required**

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

# **SECTION 15 REGULATORY INFORMATION**

Safety, health and environmental regulations / legislation specific for the substance or mixture

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Australia Exposure Standards Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

### CALCIUM ALUMINATE CEMENT(65997-16-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

### PORTLAND CEMENT(65997-15-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards Australia Inventory of Chemical Substances (AICS)

# CALCIUM CARBONATE(471-34-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (portland cement; calcium aluminate cement; graded sand)
China - IECSC	Υ
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (portland cement)
Korea - KECI	Y
New Zealand - NZIoC	Υ
Philippines - PICCS	N (portland cement; calcium aluminate cement)
USA - TSCA	Υ
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

# **SECTION 16 OTHER INFORMATION**

### Other information

### Ingredients with multiple cas numbers

Name	CAS No
calcium aluminate cement	65997-16-2, 12042-68-1
calcium carbonate	471-34-1, 13397-26-7, 15634-14-7, 1317-65-3, 72608-12-9, 878759-26-3, 63660-97-9, 459411-10-0, 198352-33-9, 146358-95-4

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

### **Definitions and abbreviations**

PC-TWA: Permissible Concentration-Time Weighted Average

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit,

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL: No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

OTV: Odour Threshold Value

BCF: BioConcentration Factors

BEI: Biological Exposure Index

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